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PTO/SB/22 (10-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)
325772009600

In re Application of Kenji MASAKI

Application Number
09/291,358

Filed
April 14, 1999

For: IMAGE PROCESSING METHOD, RECORDING MEDIUM WITH
RECORDED IMAGE PROGRAM AND IMAGE PROCESSING
APPARATUS

Group Art Unit 2623

Examiner A. Bhatnagar

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|---|----|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 43,148

July 17, 2003

Date

Signature

Kevin R. Spivak

Typed or Printed Name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ 1 forms are submitted.

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PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

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FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known																																																																																																																																																																																																																																											
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		First Named Inventor	Kenji MASAKI																																																																																																																																																																																																																																										
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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued)																																																																																																																																																																																																																																											
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SUBMITTED BY Name (Print/Type) Kevin R. Spivak Signature		Complete (if applicable) Registration No. (Attorney/Agent) 42,148 Telephone (703) 760-7762 Date July 17, 2003																																																																																																																																																																																																																																											

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